

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P37566

**Entity Name:** SPECIALTY LABORATORIES, INC.

**Current Principal Place of Business:**

27027 TOURNEY ROAD  
VALENCIA, CA 91355

**Current Mailing Address:**

3 GIRALDA FARMS  
MADISON, NJ 07940 US

**FEI Number:** 95-2961036

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CSC  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            COHEN MD, JON R.  
Address        3 GIRALDA FARMS  
                  4TH FLOOR  
City-State-Zip: MADISON NJ 07940

Title            SECRETARY  
Name            O'SHAUGHNESSY JR., WILLIAM J.  
Address        3 GIRALDA FARMS  
                  3RD FLOOR  
City-State-Zip: MADISON NJ 07940

Title            VP, TREASURER  
Name            CINCO, TERESA L  
Address        27027 TOURNEY ROAD  
City-State-Zip: VALENCIA CA 91355

Title            DIRECTOR  
Name            BRONSTEIN, GARY H  
Address        1201 SOUTH COLLEGEVILLE ROAD  
City-State-Zip: COLLEGEVILLE PA 19426

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM J. O'SHAUGHNESSY JR.

**SECRETARY**

**04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date